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THE NECESSITY OF THOROUGH EXAMINATION IN SUSPECTED POTT'S DISEASE.

BY REGINALD H. SAYRE, M. D., NEW YORK.

Read before the Orthopedic Section of the N. Y. Academy of Medicine.

With the Compliments of the Orth.

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IN the old "Daniel Webster" primer there is a picture of two women, one erect, stout and hearty; the other bent forward, flat-chested, emaciated and feeble, the very counterpart of hundreds of underfed, over-worked farmers' wives throughout the country. These pictures served to point the moral that attention must be paid to sitting upright in school if the pupil wished to look like the buxom dame instead of her consumptive companion.

The look and attitude of the cadaverous woman were exactly those which I have often seen in women suffering from various uterine disorders. There is a careful tread, a

position that suggests a constant colic, a general uneasy look about the whole figure, and a stoop that resembles rather closely that of commencing Pott's disease in the mid-dorsal region, and when this is accompanied, as it is at times, by a spasm of certain fibers of the abdominal muscles, giving the appearance of a girdle tied around the waist, and also spasm of the erecta spinæ, the similarity to Pott's disease becomes marked enough to deceive even those of experience; and as I have happened to see several such cases, I have thought the matter worth bringing before you this evening.

CASE I.—In June, 1888, Miss B., aged 26, consulted me for supposed disease in the spine. She was a tall, fairly well nourished girl, and gave a history of having fallen twelve years before, and of having pain and inability to walk gradually increasing since that time. At the time that she first consulted me her spine

was markedly curved, but not with the usual sharp projection of spinal caries. She walked with great difficulty, complained of pain on the slightest jar, was unable to step without great pain, could not lie down or arise without aid, and when lying down was unable to turn over without assistance on account of pain. On rising from a chair she was obliged to put her hands on her knees to aid her. The left lower extremity was much smaller than the right, and sensation in it was markedly diminished. At the time of visiting me she was wearing a plaster jacket, which had been applied by an eminent surgeon in this city. After careful examination of the case I came to the conclusion that, although there was marked pain around the abdomen, pains down the legs, very great sensitiveness on the slightest movement, and marked rigidity of the spinal muscles, her symptoms were more attributable to a uterine disturbance than to ostitis

of the vertebræ, and requested vaginal examination. I found the uterus markedly retro-flexed and firmly bound down in the pelvis, and told her that when her uterus was replaced and held in its normal position, her symptoms would subside, and that I did not believe there was any disease of the vertebræ. It was not until some time after this that I learned from the patient her history, which she was very unwilling to give me at the beginning of the examination. About the age of fourteen she had a fall, striking her right hip on the curbstone. She did not feel any effects for a few days, but afterward began to have pain on certain movements of the limb and body, when it seemed to "catch her," as she expressed it, and caused her intense pain. Several physicians examined her thinking that she had displaced the joint, but found that it was sound. After about a year her feet began to swell, and the soles, particularly the

heels, became sore, swollen and painful. Then the left hip became affected as the right had been, and she was said to have sciatica, and for a number of years was obliged to use hypodermic injections of morphine to quiet the pain. The pain was worse while lying down, and often after going to bed she would be obliged to get up, and stand in a certain position for hours.

Five years before the patient consulted me, her back began to ache. Three months after the onset of this symptom she went to Philadelphia and was examined by a very prominent physician, who pronounced it disease of the spine and ordered a leather jacket. Up to this time she had always been able to go about, and even walked quite well, but after the application of the jacket she became, as she describes it, perfectly "helpless," her arms becoming so weak that she could hardly lift them. Her physician then re-

moved the jacket and advised her to remain in bed until the spine had become consolidated. This advice she did not follow, because she suffered so much pain while lying down that she was unable to do so. She then visited New York, and while here was seen by a professor in one of the colleges, who pronounced her trouble Pott's disease, and called another gentleman in consultation, who agreed with him in diagnosis, and said that unless she would wear a support she would become hump-backed. He first applied a brace of his own, and finding this gave no relief, applied a Taylor brace. The latter failing to give comfort, he tried a plaster jacket, which she was enabled to "endure" for some three years. About this time the left lower extremity began to diminish in size. This history I did not learn from the patient until a number of months after first seeing her, her answers to my inquiries at that time

being most vague and unsatisfactory. Having discovered the retroflexion of the uterus, I endeavored to replace the uterus and hold it in position by boro glyceride tampons, with some slight improvement. I then advised the patient to consult Dr. Lusk as to the advisability of performing "Alexander's operation" of shortening the round ligaments. This operation was performed by Dr. Lusk and held the uterus in very satisfactory position, although there was some doubt at the time whether it might not be necessary to stitch the uterus fast to the anterior abdominal walls. The old pain in the back and legs began to diminish immediately after the operation, but the patient was restless and insisted upon going around too soon, and part of the old pain returned. As this pain persisted to some degree after the application of a suitable pessary, I attributed it to neuralgia of the sacral plexus and ap-

plied intra-pelvic galvanism with relief. I also directed the patient to take regular and systematic gymnastic exercise and massage to straighten her curved spine and relax the contracted muscles of the entire anterior part of her trunk. She speedily became more upright in carriage and has had steady diminution of her aches and pains. She writes me under date of December 20, 1890:

“Since my operation I have never once felt the slightest return of those attacks in my hip I suffered with so long. I am quite straight and can keep myself up better. My health is excellent, and it would be impossible for me to tell you how well I am. I have neither ache or pain. All troubles have vanished entirely. My muscular strength is much improved also.”

CASE II.—Miss S., aged 16, sent to me at the Out Door Department of Bellevue Hospital, by Dr. C. S.

Allen, who had treated her for chronic laryngitis for some time. Patient was pale and anæmic though rather stout and pasty looking; had frequent cough and a husky voice, a marked stoop and a cautious tread; said it hurt her to ride in street cars; had pain in her back which sometimes ran into her legs; at times had pain in lower part of abdomen, which was much distended with gas. A rather sharp knuckle was to be seen at the first and second lumbar vertebræ, so prominent in fact that her corsets had rubbed a discolored callous spot here. Menstruation had been absent a number of months. Had worn a plaster of Paris jacket about a year previous, with partial relief of her pain.

Although I could get no signs except those of bronchitis from examination of the lungs, I was at first inclined to treat the case as one of vertebral tuberculosis, the cough, laryngitis, and absence of menstrua-

tion helping to lead me to this conclusion. I found that by manipulation I could remove the knuckle absolutely, and concluded it was due to spasm of the spinal muscles and not to erosion of the anterior part of the bodies of the vertebræ. The clinical appearance of the case did not satisfy this diagnosis completely, but the fact that she said she had worn a plaster of Paris jacket before with benefit decided me to treat her as a case of Pott's disease, which I did. After watching the case for a few weeks, I concluded I was mistaken in my diagnosis, or at any rate that there was trouble in the pelvis as well as the back.

Vaginal examination showed small pin hole, os and anti-flexed uterus with very tender ovaries on both sides. I referred patient to another gentleman for relief of these conditions, but she did not consult him.

Tonics, cod liver oil, passing uterine sound, faradism in the back and

abdomen improved the patient's condition from time to time. She has at times lost her cough and hoarseness, has fewer pains, and can walk further and better. Menstruation has returned and is growing less and less painful. I have seen her occasionally during the past two years, and the back unsupported has made no progress towards developing a hump. Her supposed Pott's disease has grown better without any treatment directed to it, and she is becoming straighter and stronger.

CASE III.—Miss I. consulted me on supposed disease of the back in 1888 in a London hospital. A gentleman of large experience had seen her in consultation with her family physician, and had ordered an iron brace which she wore without benefit for a number of months. After this a gentleman in Paris had ordered a kind of orthopedic corset. She felt tired; could not ride in cars; had aches in abdomen, and down her

legs, imagined there was a knuckle in the mid-dorsal region. Every now and then would have cramp like pains in abdomen which were so severe she could not stand upright. Examination revealed nothing the matter with the spine, but a vaginal exploration showed a retroflexed uterus with a prolapsed and enlarged ovary. With the uterus replaced and held in position with post-glyceride tampons the pains and aches disappeared.

CASE IV.—Miss H. consulted me in 1888 for a supposed disease of her spine. She said that her chest had become very flat and her back very round; that she was incapable of making any exertion without subsequent aches and pains. Had a very tender spot between the shoulder blades where the spine had become prominent. Had for a number of months been under the charge of a prominent French orthopedist who had referred her to my father. While

under treatment there she had worn a curious kind of spinal corset.

On examination I could not find anything the matter with the spinal column except a marked endosis and an exaggerated dorsal curvature with a flattening of the anterior thoracic walls, the counterpart of the woman in the "Daniel Webster" primer.

Vaginal examination revealed a retroverted uterus and a prolapsed ovary, and at the present time, when her pelvic viscera are in position, she feels well; when they are out of place, she is sick. The supposed Pott's disease has not progressed.

It may be said that these cases were too plain to be mistaken, and I would concur in this if it were not for the fact that they were all treated by men of experience for Pott's disease. In one of these cases I was myself in doubt as to the diagnosis for some time, and I feel sure that the conditions present in the first

case were such as might mislead any man who was not on his guard.

I often see cases that have been treated for rheumatism, neuralgia or indigestion where there is present a disease of the vertebræ, and it is rare to meet with cases such as I have described this evening. Still I wish to call attention to the fact that there are reflex pains of uterine and ovarian origin which may at times simulate Pott's disease so closely as to be taken for it by men of experience.

